

SERFF Tracking Number:	NWCM-125769309	State:	Arkansas
First Filing Company:	Nationwide Mutual Fire Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	P-2008SKCE-7GMLLZ		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0020 Commercial Umbrella & Excess
Product Name:	Commercial Umbrella		
Project Name/Number:	FACTA/P-2008SKCE-7GMLLZ		

## Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Commercial Umbrella

SERFF Tr Num: NWCM-125769309

State: Arkansas

TOI: 17.0 Other Liability - Claims Made/Occurrence

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0020 Commercial Umbrella & Excess

Co Tr Num: P-2008SKCE-7GMLLZ

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Jill Hosch

Disposition Date: 08/12/2008

Date Submitted: 08/11/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date (New):

Effective Date Requested (Renewal): 01/01/2009

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: FACTA

Project Number: P-2008SKCE-7GMLLZ

Reference Organization:

Reference Title:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008

Corresponding Filing Tracking Number:

Filing Description:

This filing applies to the Umbrella Liability line of business.

About This Filing

We are introducing a new mandatory exclusion form with this filing. The new form will be Cas. 6409 09 08, Exclusion-Violation of Consumer Protection Statutes. This form will be mandatory on all Umbrella Liability policies.

Background

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

SERFF Tracking Number: NWCM-125769309 State: Arkansas  
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 Product Name: Commercial Umbrella  
 Project Name/Number: FACTA/P-2008SKCE-7GMLLZ

The purpose of this filing for Cas. 6409 is to introduce a mandatory exclusionary form in light of the requirements of the Fair and Accurate Credit Transaction Act (FACTA), which extended certain provisions of the Fair Credit Reporting Act (FCRA), and introduced several new provisions including Section 605 (g) regarding the truncation of credit card numbers and Section 628 regarding the disposal of records. The FCRA establishes civil liabilities for willful and negligent noncompliance with any requirement imposed under the Act. It is not the intent of the Commercial General Liability Coverage Form to provide coverage for claims that arise out of violations of FCRA given the statutory efforts to prohibit such violations.

#### New Forms

- Cas. 6409 (09 08) Exclusion – Violation of Consumer Protection Statutes

A copy of the new independent exclusion form is attached for your review.

We request this new coverage form to be effective 1/1/09 new and 1/1/09 renewal.

## Company and Contact

### Filing Contact Information

Jill Hosch, Business Information Analyst hoschj@nationwide.com  
 1100 Locust Street (515) 508-8871 [Phone]  
 Des Moines, IA 50391

### Filing Company Information

Nationwide Mutual Fire Insurance Company	CoCode: 23779	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property & Casualty

1-17-02

Columbus, OH 43215  
 (614) 249-2271 ext. [Phone]

Group Name:  
 FEIN Number: 31-4177110

State ID Number:

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Nationwide Property & Casualty Insurance  
 Company  
 One Nationwide Plaza

CoCode: 37877  
 Group Code: 140

State of Domicile: Ohio  
 Company Type: Property & Casualty

1-17-02

Columbus, OH 43215  
 (614) 249-2271 ext. [Phone]

Group Name:  
 FEIN Number: 31-0970750

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 50.00 PER SUBMISSION  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$50.00	08/11/2008	21877558
Nationwide Property & Casualty Insurance Company	\$0.00	08/11/2008	

*SERFF Tracking Number:* NWCM-125769309 *State:* Arkansas  
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	08/12/2008	08/12/2008

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## Disposition

Disposition Date: 08/12/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	SUPPORTING DOCUMENTS	Approved	Yes
Form	EXCLUSION – VIOLATION OF CONSUMER	Approved	Yes

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Product Name: Commercial Umbrella

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## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	EXCLUSION – VIOLATION OF CONSUMER	CAS6409	0908	Endorsement/Amendment/Conditions Replaced	Replaced Form #: CAS6409 0705 Previous Filing #:		Cas6409_09-08.pdf

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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – VIOLATION OF CONSUMER  
PROTECTION STATUTES**

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This endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

The following exclusion is added to section **II. Exclusions**:

This insurance does not apply:

**DISTRIBUTION OF MATERIAL IN VIOLATION OF CONSUMER PROTECTION STATUTES**

To bodily injury, property damage, personal injury and advertising injury arising directly or indirectly out of any action or omission that violates or is alleged to violate:

1. The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or
2. The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or
3. The Fair Credit Reporting Act (FCRA) and any amendment of or addition to such law including the Fair and Accurate Credit Transaction Act (FACTA); or
4. Any statute, ordinance or regulation, other than the TCPA or CAN-SPAM Act of 2003 or FCRA, that addresses, prohibits or limits the electronic printing, dissemination, disposal, sending, transmitting, communicating or distribution of material or information.



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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** SUPPORTING DOCUMENTS **Review Status:** Approved 08/12/2008

**Comments:**

FORM MEMORANDUM IS ATTACHED. P & C TRANSMITTAL IS ALSO ATTACHED.

**Attachments:**

Form Memo Legacy UMB.pdf

P & C TRANSMITTAL - AR -UMB.pdf

Nationwide Property and Casualty Insurance Company  
Nationwide Mutual Fire Insurance Company

*Umbrella*  
Forms

### **Applicable Lines of Business**

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This filing applies to the Umbrella Liability line of business.

### **About This Filing**

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### **New Forms**

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- ♦ **Cas. 6409 (09 08)** Exclusion – Violation of Consumer Protection Statutes

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We request this new coverage form to be effective 1/1/09 new and 1/1/09 renewal.

## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1